



IRS Department of the Treasury
Internal Revenue Service
10 Metrotech Center
Brooklyn, NY 11201

Date: August 20, 2009

Chapter and Case Number:

7A 8-04-85727-DTE

Person to Contact:

ENRIQUE GONZALEZ

Contact Telephone Number:

718-488-2751

Employee Fax Number:

(718) 488-2709

Employee Identification Number:

22-05362

DOROTHY EISENBERG
U.S. BANKRUPTCY COURT
290 FEDERAL PLAZA
CENTRAL ISLIP, NY 11772

Debtor: LYNN CAROL SCHNEIDER
Bankruptcy Filed September 8, 2004

This is to certify that the records of the Internal Revenue Service reflect that the taxpayer was not liable for the amount shown on the Proof of Claim filed on behalf of the Internal Revenue Service on 05/14/2008 and the claim is no longer in force and effect.

If you have any questions, our contact information is shown above. Thank you for your cooperation.

for /s/ LYNN SEXTON
Group 5 Manager

cc: LYNN CAROL SCHNEIDER
TODD E DUFFY

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U.S. BANKRUPTCY
DISTRICT OF
EASTERN DISTRICT OF
NEW YORK

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NEW YORK
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B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT <u>EASTERN</u> <u>DISTRICT OF NEW YORK</u>		PROOF OF CLAIM
Name of Debtor: <u>LYNN CAROL SCHNEIDER</u>		Case Number: <u>8-04-85727-DTE</u>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) Department of the Treasury - Internal Revenue Service		Check this box to indicate that this claim amends a previously filed claim
Name and address where notices should be sent: Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114		Court Claim Number: _____ (If known)
Telephone number: 1-800-913-9358 Creditor Number: _____		Filed on: _____
Name and address where payments should be sent (if different from above) Internal Revenue Service P.O. Box 21125 Philadelphia, PA 19114		Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars
Telephone Number: 1-800-913-9358		Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: <u>\$ 4,431.39</u> If all or part of your claim is secured, complete item 4 below. However, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). Other - Specify applicable paragraph of 11 U.S.C. § 507(a): _____ Amount entitled to priority: <u>\$ 3,208.78</u>
2. Basis for Claim: <u>Taxes</u> (See instruction #2 on reverse side)		*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
3. Last four digits of any number by which creditor identifies debtor: <u>See Attachment</u> 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <u>Real Estate</u> <u>Motor Vehicle</u> <u>Other</u> Describe: _____ Value of Property: \$ _____ Annual Interest Rate: _____ % Amount of arrearage and other charges as of time case filed included in secured claim. If any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____		
Date: <u>05/14/2008</u> Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. /s/ BERNARD KAROFF, REVENUE OFFICER ADVISOR (718) 488-2724 Internal Revenue Service 10 Metropolitan Center Brooklyn, NY 11201		FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571